

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033249

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 295
FILED AUG 26 1963

Primary Registration District No. 6016

Registrar's No. 202

VS 300
Rev. 4/59

1 0880

2 0880

3

4 1

5 2

6

7 0

8 2

9 332X

10

11

12 90-2

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural--Silver Creek Twp.		Length of stay in 1b 13 yrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home of Mrs. Edwin Dameron		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print): Martha Catherine Fullington		4. DATE OF DEATH Month August Day 12 Year 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-8-1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	
11a. BIRTHPLACE (City and state or country) Randolph County, Missouri		12. CITIZEN OF WHAT COUNTRY United States	
13a. FATHER'S NAME Thomas J. Bagby		13b. MOTHER'S MAIDEN NAME Emma Hale	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no none		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Address Mrs. Edwin Dameron: R#1: Higbee, Missouri		14. NAME OF HUSBAND OR WIFE Charles Fullington	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Paralysis DUE TO (b) Cerebral Thrombosis DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility		INTERVAL BETWEEN ONSET AND DEATH 1 day 3 day ?	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ----		20c. TIME OF INJURY Hour [REDACTED] Month, Day, Year [REDACTED]	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home; farm, factory, street, office bldg., etc.) [REDACTED]	
20f. CITY, TOWN, OR LOCATION [REDACTED]		COUNTY [REDACTED] STATE [REDACTED]	
21. I attended the deceased from July 1963 to 8-12-63 and last saw her alive on 8-10-63 Death occurred at 4:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE M. C. Exley D.O.	
22b. ADDRESS Huntsville, Mo.		22c. DATE SIGNED 8-12-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8-14-1963	
23c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery		23d. LOCATION (City, town, or county) Huntsville, Missouri	
24. FUNERAL DIRECTOR Tom B. Patton		25. DATE RECD. BY LOCAL REG. 8-14-63	
26. REGISTRAR'S SIGNATURE Odonna Patterson			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

01280-1100

SEP 6 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Tom B Patton

Licensed Embalmer No.

3914

P. O. Address

Huntsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.